



CITY OF DUBLIN, OHIO
DIVISION OF TAXATION
Telephone (614) 410-4433
Toll Free (888) 490-8154
Fax (614) 448-9454

DECLARATION OF EXEMPTION BUSINESS ONLY

**THIS EXEMPTION FORM MAY NOT BE USED BY INDIVIDUALS WHO
LIVE IN THE CITY OF DUBLIN OR THOSE INDIVIDUALS REQUIRED TO
FILE A CITY OF DUBLIN INCOME TAX RETURN.**

FID# _____

COMPANY NAME _____

LOCAL DUBLIN ADDRESS _____

CITY _____ STATE _____ Zip Code _____

PHONE NUMBER (_____) _____ FAX (_____) _____

CHECK THE APPROPRIATE LINE

1. ☐ No business was conducted in the City of Dublin in any part of the requested tax year.
2. ☐ The Company is a courtesy withholding account only.
3. ☐ Operations ceased in the City of Dublin on (give date) _____
4. ☐ Other _____

PRINTED NAME _____

TITLE _____

SIGNATURE _____

CORPORATE ADDRESS (IF DIFFERENT FROM LOCAL ADDRESS) _____

PHONE NUMBER _____

DATE _____

**RETURN EXEMPTION FORM TO:
CITY OF DUBLIN PO BOX 9062 DUBLIN, OH 43017-0962**